

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
AS FILED	AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.							
1	1	1	1	1	1	51	1	1	1	1	1
2	1	1	1	1	1	52	1	1	1	1	1
3	1	1	1	1	1	53	1	1	1	1	1
4	1	1	1	1	1	54	1	1	1	1	1
5	1	1	1	1	1	55	1	1	1	1	1
6	1	1	1	1	1	56	1	1	1	1	1
7	1	1	1	1	1	57	1	1	1	1	1
8	1	1	1	1	1	58	1	1	1	1	1
9	1	1	1	1	1	59	1	1	1	1	1
10	1	1	1	1	1	60	1	1	1	1	1
11	1	1	1	1	1	61	1	1	1	1	1
12	1	1	1	1	1	62	1	1	1	1	1
13	1	1	1	1	1	63	1	1	1	1	1
14	1	1	1	1	1	64	1	1	1	1	1
15	1	1	1	1	1	65	1	1	1	1	1
16	1	1	1	1	1	66	1	1	1	1	1
17	1	1	1	1	1	67	1	1	1	1	1
18	1	1	1	1	1	68	1	1	1	1	1
19	1	1	1	1	1	69	1	1	1	1	1
20	1	1	1	1	1	70	1	1	1	1	1
21	1	1	1	1	1	71	1	1	1	1	1
22	1	1	1	1	1	72	1	1	1	1	1
23	1	1	1	1	1	73	1	1	1	1	1
24	1	1	1	1	1	74	1	1	1	1	1
25	1	1	1	1	1	75	1	1	1	1	1
26	1	1	1	1	1	76	1	1	1	1	1
27	1	1	1	1	1	77	1	1	1	1	1
28	1	1	1	1	1	78	1	1	1	1	1
29	1	1	1	1	1	79	1	1	1	1	1
30	1	1	1	1	1	80	1	1	1	1	1
31	1	1	1	1	1	81	1	1	1	1	1
32	1	1	1	1	1	82	1	1	1	1	1
33	1	1	1	1	1	83	1	1	1	1	1
34	1	1	1	1	1	84	1	1	1	1	1
35	1	1	1	1	1	85	1	1	1	1	1
36	1	1	1	1	1	86	1	1	1	1	1
37	1	1	1	1	1	87	1	1	1	1	1
38	1	1	1	1	1	88	1				